

Provider Communication

Subject: Narrow Therapeutic Index (NTI) Drug Policy Change Notification	Priority: High
Date: March 18, 2005	Message ID: ACSBNR03182005_5

Dear Provider:

Effective May 1, 2005

Effective May 1, 2005, only generic versions of the following drug products will be reimbursable under the Georgia Medicaid pharmacy program without prior approval:

- Digoxin
- Levothyroxine
- Phenytoin
- Warfarin
- Theophylline Controlled Release
- Carbamazepine

Please share this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. Please contact the Medicaid Pharmacy Unit at 404-656-4044 should you have questions or require clarification.

Sincerely,

Georgia Department of Community Health

Division of medical assistance